

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937558

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/		/	
2	/			
3	/			
4	/			
5	4			
6	4			
7	4			
8	80		1	
9	80		1	
10	80		1	
11	80		1	
12	80	1		
13	80	1		
14	80	1		
15	/	1		
16	/	1		
17	2	1		
18	80	3		
19	80	3		
20				
21		1		
22		1		
23		3		
24		3		
25		1		
26				
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48				
49				
50				
TOTAL IND.	2	↓	4	↓
TOTAL DEP.	28	↓	28	↓
TOTAL CLAIMS	30	30	30	30

*	*		*	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
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96				
97				
98				
99				
100				
TOTAL IND.		↓		↓
TOTAL DEP.		↓		↓
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS